Mad in America
SCIENCE, PSYCHIATRY AND SOCIAL JUSTICE

Who Is Being Targeted for Forced Medical Treatment in NYC? We Require Answers

By **Sarah Gorman** - June 25, 2024

Editor's Note: The piece below appears in the form of a letter, sent by the author to NYC Mayor Eric Adams today.

Dear NYC Mayor Eric Adams,

I'm Sarah Gorman, a philosopher living with schizophrenia. I write with deep concern for New Yorkers experiencing homelessness and mental illness under the Eric Adams mental health directive.

Painting by the author

I'm concerned for the real people who will be forcibly drugged by your policy. But also because New York City sets a national precedent. Kendra's Law, piloted in Bellevue, exemplifies how well-intentioned policies born from tragedy can have unintended consequences. My own experience with forced medication under Kendra's Law as a child informs my opposition to such practices.

Since its inception in 1999, laws like Kendra's, supporting "Assisted Outpatient Treatment" (AOT), have sprung up in almost all states. The governor and the mayor talk about the "fewer than 100" persistently mentally ill homeless people this directive purportedly applies to but since the inception of Kendra's Law in 1999, more than 20,000 people have been forcibly treated in New York State alone. Kendra's Law is named after a woman, Kendra Webdale, who was pushed off a subway platform and into an oncoming train by a mentally ill man in 1999. This law is named after the victim (fondly, via her first name) to prey on your sympathy so you uncritically accept that forced medical treatment was

necessary for the man who pushed Webdale into the train.

We can't police things that haven't happened yet.

What happened to Kendra was no doubt a tragedy, but the use of Kendra's name was a red herring, distracting from the abuse this law codified. People who aren't seeking medical treatment shouldn't be forced to be medically treated. The law was superseded by another called the New York SAFE Act which was passed in 2013 that allowed for Assisted Outpatient Treatment for at minimum a year—an "improvement" on the six months that Kendra's Law could originally mandate.

Understanding and Respect, Not Sanism and Saviorism

Sanism is the dehumanization of those deemed "insane," and can lead to incarceration and forced medication. This directive enshrines sanist policy. Mentally ill people are worthy of the dignity they possess in virtue of being born sensate on this planet. Saviorism, well-intentioned but uninvited intervention, can be equally harmful. People with Serious Mental Illness (SMI) deserve respect regardless of their treatment choices. Even if they choose not to access treatment. Coercion does not and cannot cure mental health stuff. We legislate as though it can but usually that results in the quiet indignity of forced treatment in dark rooms with locks on the doors.

Real Solutions, Not Band-Aids

Treating homelessness and mental illness requires addressing root causes, not individual symptoms. Forced treatment is pissing on fires. A temporary fix, not a cure. We need systemic solutions. Some of these are outside of the mayor's power but complicated problems require complicated solutions and coordinated efforts by multiple parties.

- **Universal Healthcare with Community Care:** free, accessible, culturally sensitive care delivered by peers who are from the community and who understand the lived experience of SMI. This system would empower individuals to make informed treatment decisions in collaboration with trusted caregivers. It would be an open invitation to receive care for all.
- **Unionized Care Workers:** A well-supported workforce provides better care for those it serves. This includes psychiatric peer workers. Yes, you have to pay them a livable wage. Corporations that exploit mostly intellectually disabled people for profit with the assistance of 14(c) certificates, which allow a corporation to pay someone with a disability subminimum wages, should not be supported by people with a conscience.
- **In-Home Support:** Enabling people with disabilities to live independently. Housing is key, as is supportive in- home assistance, not just mental health outpatient treatment. People with mental health stuff might not be singly disabled. Just like some wheelchair users stand up. Your expectations have nothing to do with someone's abilities and your surprise is usually unwelcome.
- **Expanded Libraries:** Safe open spaces with essential resources like internet, information and restrooms.
- **Peer-Led Crisis Response:** CAHOOTS-style programs provide a non-threatening peer-led (READ: nonpolice, nonarmed) response to mental health crises.
- **Peer-Led Safehouses:** Peer-led safehouses, like Afiya House, offer temporary crisis respite with trained peers.

Transparency and Accountability

Adams must release demographic data to ensure historically marginalized communities aren't disproportionately targeted. The NYC Bar raises valid concerns about potential bias. We need access to this data to ensure these programs aren't re-entrenching unfreedom in Black disabled life in NYC.

Imagine a Different Future

Imagine expanding what Jackie Leach Scully, Ph.D. calls "permitted dependencies" like public transportation to include healthcare and housing. We can build new infrastructures that don't rely on force and incarceration, but instead support the most vulnerable amongst us in achieving our own (self-defined) conceptions of wellness. Mental health "recovery," like recovery from addiction, requires desire leading to action. The best approach is to build robust support systems that empower individuals on their wellness journeys, that will be waiting for them whenever they're ready for it. This requires planning, imagination, patience, and a focus on trust and support.

Think Human, Not Force

We need systemic solutions, **not** a policing approach. Transparency and data-driven reviews are crucial to ensure the system doesn't exacerbate existing inequities, particularly for Black disabled communities. Their freedom and survival depend on it.

In a recent NYT opinion piece it was said that: "Forcible restraints are routine events in American hospitals. One recent study, using 2017 data from the Centers for Medicare and Medicaid Services, estimated the number of restraints per year at more than 44,000." The article continues to comment on

the rarity of hearing a first-person account of restraint: "But it is rare to hear a first-person account of the experience, because it tends to happen to people who do not have a platform… Listening, rapt, to Mr. Tuleja was a roomful of psychiatrists. It was a younger crowd—people who had entered the field at the time of the Black Lives Matter protests. Many of them lined up to speak to him afterward. "I still can't forget the first time I saw someone restrained," one doctor told him. "You don't forget that."

They Also Don't Forget Being Restrained

I don't know if it requires mentioning, but: Neither does the restrained person forget about being restrained. And they remember viscerally, they can still feel fingerpads pressing into their bones. They know it like they know the pit in their stomach and the growl they were surprised to have released when they were handled so violently by people with more power than them.

One afternoon my mom, knowing she was going to lose custody of us kids, was apprehended by a police officer in our driveway after an unfriendly neighbor called the cops on her. She happened to be only intermittently taking her meds for schizophrenia at the time, keeping us inside the house, and peeking out the windows suspiciously.

They took my mother away that day, to hospitalize and medicate her. They called my uncle who took custody of us temporarily. We went to live with him until after her "stabilization," an unwanted visit to the hospital, and a NYS signed court order for her to take her meds, which established that, conditionally, she could keep custody of us kids. She was abysmally overmedicated when she returned, but her custody was returned to her and our family was reunited.

The issue goes far beyond my personal story, though. Statistics demonstrate that disabled Black Americans are disproportionately targeted by law enforcement across the country. Therefore, the public needs access to the demographic data on just who is being forcibly treated by the mental health directive Mr. Adams championed.

Sandra Bland, Eric Garner, Tamir Rice, and many other Black American victims of police violence were *also* disabled and/or mentally ill people. This is where the rubber meets the road on why people talk about how important intersectionality is. Births and deaths tell us a lot about the "health" of a section of the population. But we need intersectional data. Demographics matter. Any single incidence of applying Adams' mental health directive might be the next police brutality death to upend the country. I say this with profound sadness, but there will be a next one. Directives resulting in carceral "care" like Adams' nearly guarantee it.

Black disability justice writer Vilissa Thompson, who argues for more responsible–multidimensional, comprehensive, and intersectional–data collection and reporting on policing, says that "In the United States, 50 percent of people killed by law enforcement are disabled, and more than half of disabled African Americans have been arrested by the time they turn 28—double the risk in comparison to their white disabled counterparts."

I will therefore say again: we need the data to see if it adheres to similar white supremacist trends we observe on the whole in policing and incarceration.

How about we refocus on preventing "normative rape" against homeless women with mental illness instead?

A report devastatingly states "Lifetime risk for violent victimization for homeless women with mental illness is 97%, making sexual and physical violence a normative experience for this population." Sexual violence should never be describable as a 'normative experience' for a population. You should concern yourself with making NYC safe for these women, rather than with warehousing them, Mr. Adams. Address this problem and utilize the immense coffers of the NYC government for some good. Prevent normative rape and work towards housing and offering care to these women, rather than policing and warehousing them. Ask them, preferably directly, about what they need to be more secure and stable. Your city is systematically failing these women. They are the experts about what their needs are. Quit locking them up and arrange a focus group to hear their needs, the barriers they face, and what resources they lack.

And in the meantime, give us the demographic data about *just who* is getting locked up because of this directive. The transparency is important for the NYC Mayor's office to espouse. We know who tends to be abused in such situations and we want to avoid things like the homicide by chokehold of Jordan Neely by a white former Marine that occurred without any interference by bystanders on your subway. We want to avoid systematic white violence against disabled Black and Brown people.

SMI people can't even exist peacefully in public; we have to be warehoused, cared for, and profited upon, all thanks to what the late, disabled thinker, Marta Russell dubs handicapitalism: "the handicapitalists hold that in order for disabled people to be tolerated by our capitalist society, rights must be subsumed to the profit motive." And they most certainly have been.

Mr. Adams, this policy will result in the quiet indignity of forced medical treatment, behind closed doors, against people with no one there to advocate for themselves but themselves. The double bind of their situation is that they are seen to be "incapable of caring for themselves" and so their pleas and advocacy in their own defense are discounted. They need mad kin. They need their peers.

Forced drugging is a regular practice in most of our carceral institutions: ICE facilities, psych wards, nursing homes, prisons. Medical treatment should be available to people with SMI, should they like it. But people shouldn't be medicalized without their own prior and informed consent. **This is a principle of health care. You could say it's what makes it 'healthy' or 'care' at all.** Forcibly administering drugs is a **medical trauma**; there is no reason why someone else should have the power to alter your consciousness with drugs. It's a case of medical abuse.

My last plea lies here: Mr. Adams, release multidimensional, intersectional data on who is being targeted by your mental health directive. It is imperative that we do not reproduce the same violence that seems to be omnipresent in this white supremacist system of empire. Forget the policing tactics of your old job and try something new: expand your imagination about what dependencies we permit in our culture. Use the money of the government to expand infrastructure that supports healthy violence-free living in safe communities for all disabled people like libraries, community health centers, and peer-led safehouses or respite centers.

Sincerely,

Dr. Sarah Gorman

I want to thank you, Dr. Sabeen Ahmed, for your comments on an early version of this project. I've learned so much from thinking with you over the years. I cherish you. A note about language: I try to be expansive and say disabled/mad/mentally ill/sick because I think we need more disabled/mad/ill/sick solidarity. I recognize not wanting to pathologize states that can be transformative, helpful, extreme, religious, unusual, magical or powerful. So know: I'm not calling your experience anything. I defend your right to define wellness for yourself as well. I defer to letting you define the language preferences and if I've unintentionally excluded you through my speech or my actions, please let me know.
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Sarah Gorman

Dr. Sarah Gorman (she/her) is a philosopher, writer, hobby artist, and hater of cages. She trains an AI and lives in Great Falls, MA. Great Falls is AKA Turner's Falls, MA. William Turner was a war criminal who massacred nearly 200 mostly Nipmuc women, children, and elders who were asleep on the banks of the falls on May 19, 1676. We dishonor him by misnaming the town to recall the dead as well as the 39 men who were captured and enslaved.